

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 913565	RECEIPT DATE:	08 / 14 / 01
IA NUMBER: PCT/	GB00 / 00568	IA FILING DATE:	02 / 17 / 00
FAMILY NAME:	POVEY	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	GORDON JOHNSTON	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 18 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	668-62	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: LEWIS F GOULD JR
 DUANE MORRIS & HECKSCHER
 STREET: ONE LIBERTY PLACE

 CITY: PHILADELPHIA
 STATE/COUNTRY: PA ZIP: 19103
 EMAIL:
 APPLICATION TITLES:
 VEHICLE DETECTOR AND CLASSIFIER

TAB TO LAST POSITION,PUSH SEND



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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 2368

SERIAL NUMBER 09/913,565	FILING DATE 08/14/2001 RULE	CLASS 073	GROUP ART UNIT 2856	ATTORNEY DOCKET NO. 668-62
APPLICANTS Gordon Johnston Robertson Povey, Kirkcaldy, UNITED KINGDOM; Thomas Stewart McKenzie Maclean, Perth, UNITED KINGDOM;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/GB00/00568 02/17/2000 <i>D.W.S.</i>				
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9903783.0 02/18/1999 <i>D.W.S.</i>				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Duane Morris & Heckscher</i> Examiner's Signature <i>D.W.S.</i> Initials		STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 4	TOTAL CLAIMS 11
				INDEPENDENT CLAIMS 1
ADDRESS Duane Morris & Heckscher One Liberty Place Philadelphia, PA 19103				
TITLE Vehicle detector and classifier				
FILING FEE RECEIVED 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	